S. No. 2
M—2-43
5-17-39
I X35697

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16191

FILED JUN 14 1943 1003

Registration District No. 318

Primary Registration District No.

Registrar's No. 5181

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Anthonys Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 9 V3

(d) Street No. 1615 Carroll Str (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Marie Hejnal

3. (b) If veteran, name war No

3. (c) Social Security No. ------

4. Sex Female

5. Color or race Wht.

6. (a) Single, widowed, married, divorced Wid.

6. (b) Name of husband or wife John Hejnal

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Unknown (Month) About 1876 (Day) (Year)

8. AGE: Years About 67 | Months Unknown | Days | If less than one day hr. min.

9. Birthplace Czechoslovakia (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Joseph Halik

13. Birthplace Czechoslovakia (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Rose Brush

(b) Address 1615 Carroll Str

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/43 (Month) (Day) (Year)

(c) Place: burial or cremation New Picker

18. (a) Signature of funeral director Wm F. Mogelli

(b) Address 1926 Allen Ave

19. (a) JUN 5 1943 (Date received by local registrar) (b) J. F. Breneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3, year 1943 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from 3-7-X 1940 to 6-3 1943; that I last saw her alive on 6-3 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death (1) Chronic myocarditis (2) with arteriosclerosis & hypertension	5 yrs
(2) Diabetes Mellitus —	5 yrs
Due to Congestive heart failure	3 mo.
(3) Chronic nephritis.	2 yrs
Due to (4) Blindness due to diabetic retinitis.	2 yrs.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy as listed above —	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Wm H. Hawthorne (M. D. or other)

Address 3804 Wilmington Ave Date signed 6-4-43

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed D. M Davis

Licensed Embalmer No. 3741

P. O. Address 1926 Albert

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.